

**PROCEEDINGS OF THE AD HOC**  
**MENTAL HEALTH TREATMENT COMMITTEE**

Pursuant to Section 19.84, Wis. Stats., notice is hereby given to the public that an Ad Hoc Committee of the County Board of Supervisors met regarding mental health treatment on Wednesday, April 18, 2017 in Green Bay, Wisconsin.

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**Present:** Chair Guy Zima, JOSHUA Representative Cheryl Weber, Green Bay Police Department Officers Barb Gerarden and Karma Allen, Brown County Jail Security Lieutenant Scott Brisbane, Human Services Director Erik Pritzl, Hospital Administrator Luke Schubert, Director of Administration Chad Weininger, Assistant Corporation Counsel Rebecca Lindner, Sheriff John Gossage, Behavioral Health Manager Ian Agar, Dave Dunlap, Martha Ahrendt

**Excused:** Citizen Member Pat La Violette, Retired Security Lieutenant Phil Steffen, Judge Zuidmulder

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**I. Call meeting to order.**

The meeting was called to order by Vice Chair Hoyer at 12:00 pm.

**II. Approve/modify agenda.**

Pritzl said Items 3 and 7 can be taken together and Zima added that Sheriff Gossage has to leave early and his items should be handled at the beginning of the meeting.

**Motion made by Cheryl Weber, seconded by Erik Pritzl to approve. Vote taken. MOTION CARRIED UNANIMOUSLY**

**III. Approve/Modify Minutes of March 15, 2017.**

**Motion made by Erik Pritzl, seconded by Rebecca Lindner to approve. Vote taken. MOTION CARRIED UNANIMOUSLY**

*Although shown in the proper format here, Item 2 was taken at this time.*

**1. Report re: Sequential Intercept Mapping.**

*There was no specific discussion in this topic.*

**2. Mental Wellness Connection Information – Martha Ahrendt, Guest.**

Martha Ahrendt introduced herself to the group. She is the Executive Director of Connections for Mental Wellness which is an initiative of the community and associated with the American Foundation for Counseling Services. Their steering committee is made up of 14 different non-profit healthcare providers, local organizations and individuals who have come together to address mental health needs within the community without the silos to try to leverage funds and efforts in an attempt to move together within the County.

Ahrendt talked about the mental health landscape in Brown County and this came partially out of the sequential intercept mapping, but she noted that her group was already working on figuring out what tables are meeting to discuss mental health in the community, what their priorities are and what the contact information is. They were not looking at individual providers or services, but more at different groups that are meeting to address mental health issues. They are also working with the Brown County Mental Health Task Force as they have a lot of people involved in this as well. The ultimate goal is to create a website-based platform that lays all of this information out. Ahrendt distributed a document entitled "Mental Health Landscape in Brown County, a copy of which is attached, and noted that it is a preliminary draft.

Ahrendt continued that they are looking at four areas: primary efforts focused on mental health, support efforts, processes and hub. As they worked through this they wanted to lay out what the priorities are for each of the groups. She explained how the website will work and said that someone would be able to click on an area of interest and find all of the resources that relate to that particular area of interest, including contact information.

Ahrendt continued that the primary efforts are those that are set up to deal with mental health and related issues like alcohol and drug abuse. The supportive efforts are those that do not have a primary focus on improving mental health; they are focused on other things as supportive efforts. The processes are different things that are happening in the community that help with engaging individuals who have mental health issues in different ways. The hub is really the community entranceway into the system. Ahrendt reiterated that the handout is in draft format.

Zima asked how this would become a tool for the community. Ahrendt responded that this will all be on their website and they are hopeful it will be one of the reasons people come to their website. They would also like to see this information linked across different platforms and they expect that those included on this list can also link to the information as a resource. Ahrendt said her group sees the website as more for the organizations working on mental health than it is for individual consumers. It is really about the tables that are meeting and as the conversations are ongoing they will all understand that there is a place to go for various different initiatives so when something comes up in a meeting they can see where the connections are. Pritzl said if someone comes to this group, this group would be able to refer them to the map of services and information. Ahrendt said individual stakeholders who have interest in something typically have a passion for it and this is a good place for them to see what is already happening in the community and become aware of what other conversations are happening.

Dave Dunlap informed that he used to be with the Human Services Department. He asked if there is any university component to this and if there is information that would be helpful to the public resource agencies such as the Human Services Department or law enforcement agencies to evaluate the framework and whether national targets are being met by both public and private organizations. Ahrendt responded that there are a few places that do those evaluations in the community. She said the Strategic Research Institution has an evaluation component to what they do and, in addition, the Center for Public Affairs at UWGB also does evaluations for those types of things. They are not necessarily in mental health, but they are experts in the evaluation part and Ahrendt said they are not connected to this as they are not having those discussions about mental health, but they are engaged in other ways in some of the work around mental health in the community. Dunlap feels it would be useful if that data could be incorporated into the website so the evaluation statistics could be made available to the community.

Cheryl Weber said what Ahrendt described is a very small part of what Connections for Mental Wellness does, but it is something they are doing to try to fill the first gap from the sequential intercept mapping. Behavioral Health Manager Ian Agar added that the table identifies what groups are out there, and who is working on what to prevent duplication and help the systems and organizations navigate what is out there and may help in collapsing the number of agencies that are working on the same initiatives. Part of the sequential intercept mapping results were that there were too many agencies working on the same thing and the number of agencies working on similar issues should be collapsed. Ahrendt said it would be up to the committees doing the work to recognize that there are other tables having similar conversations. Zima pointed out they all have different funding sources and Ahrendt agreed and said that although there may be multiple organizations having conversations about different things, hopefully they can work together and avoid duplication of efforts.

Zima said his goals for this committee are to expand mental health services through longer term programs and also get some transitional housing so people have a place to go as they step back into the community to prevent them from falling back into the problems that got them in trouble in the first place. The sub benefit of this would be decreased jail population. Zima asked Ahrendt to be sure that people know about this committee and what we are trying to do and that they are welcome to attend our meetings. Zima said the County is at the stage of looking at building on at the jail and he would rather see some of those funds or some additional funds put towards getting mental health issues in the County taken care of. He does not like the bureaucratic discussions and is glad that people want to connect with each other, but he would also like people to know about this group.

Ahrendt also talked about their school-based mental health initiative and provided a handout, a copy of which is attached. She said they have been working on the initiative for about a year and noted that they have school districts and mental health care providers sitting at the same table having conversations and trying to create protocols and guidelines for implementing on-site mental health services at schools to provide one-on-one counseling at the school. The work has been centered around trying to create some efficiency so every provider does not talk to every school; they are trying to set standard guidelines and protocols, both from the mental health care provider side as well as the school district side so they know what they need to provide, what staffing would be needed, what the protocols are regarding confidentiality, etc. The second issue is that there are not enough mental health providers to cover the need in Brown County so the school districts and providers are having

conversations on how to set priorities as a county to determine what and where the greatest need is and they are having conversations regarding prioritizing between schools and school districts. She noted that one-on-one counselling is the most expensive intervention there is so if a large number of students in a school need one-on-one counseling, there can be conversations regarding other types of universal intervention. She continued that there have been a number of pilots in the community in the last year and they are hoping to expand to a number of additional schools in the fall based on the conversations they have been having.

3. **Discussion, review and possible action: Request that Brown County review its past and present mental health services and develop a more comprehensive plan to treat both short and long term mental health patients including but not limited to 1) alcohol and drug abuse detox and treatment; and 2) children, adolescent and adult mental health treatment.**

*This item was discussed together with Item 7; see discussion at Item 7 below.*

4. **Discussion, review and possible action: Request that the Human Services Director and Brown County Sheriff work together to develop a plan to provide a treatment plan for prisoners who presently make up a third of our jail population.**

Sheriff John Gossage provided the group with an update on the recent National Institute of Corrections visit to the jail for their study with the mental health component. When the original KIMI study was done on the jail, the mental health center was attached to the jail with the idea that the food service and mental health services could be shared between the facilities. When the meal plan fell through and the CTC went out on their own, the component of mental health services was no longer existent at the jail in that there was no step-down pod to help people move back to the general population. Zima recalled that the majority of the Board did not want the stigma of a jail connected with mental health problems, even though the two populations co-exist. He said we have to decide if we are going to spend resources building mental health services within the jail or expand other facilities and try to move people into it or a little of each. Zima feels we do need some resources at the jail to handle those with mental illness who cannot be transitioned into another program. He would like to explore sharing positions in the table of organization between the mental health program and the jail program to provide the mental health services needed for those who cannot be transitioned out to another program. Gossage responded that one of the challenges is that the jail uses a contracted service for mental health services. One of the things identified in the NIC study was the overwhelming amount of work being conducted by the one psych nurse the jail has. He is attempting to work out some type of agreement to budget next year for another staff nurse in the facility as he feels this will greatly assist the needs. Gossage did not know if this would help alleviate the overcrowding issues, but it would help address the needs of those in the jail with mental health disorders. Zima feels the focus needs to be on trying to get people into treatment rather than into jail and doing some preventative stuff to keep them from ending up in the jail in the first place is needed.

Pritzl said Zima is talking about two different populations. The population the Sheriff is talking about is those within the jail and how to provide good services to them once they have been through the criminal justice process and how to get them ready for discharge, and this is where the jail liaison comes into play. Weber asked if some of these people that are released from the jail can go to the day report center. Jail Lieutenant Scott Brisbane said that that is something that is individually based and depends upon what the charges are. One of the things they talked about was getting another staff member at the jail to help with the mental health population as this would alleviate some of the pressure on the current mental health staff person and would also help with the transition to the jail liaison and then the liaison getting them back on the street and addressing their needs once they leave jail in an attempt to curb recidivism. He feels this is a huge thing that can help with transition. Pritzl said the re-entry position is critical and is working, but there is only one person doing the job and, further, she meets with the people while they are still in the jail, but she does not meet with them again to follow-up once they are released.

Zima said having some type of transitional housing in the vicinity of the mental health center where people can live and get treatment to help them transition back into the community in an environment different from the environment they came from would be helpful. He also talked about commitments and Pritzl said there was a dip in commitments in 2012 but then started to trend up after that. Because there is a larger number of detentions now, the case load continues to rise and monitoring them is not as easy as it once was. Assistant Corporation Counsel Rebecca Lindner said Corporation Counsel only has one person and one day to do commitments. They are looking at trying to get a little help to make the court process go more smoothly and help ensure that everyone is connected to services before they are released. Zima said when people are ready to leave the jail, there needs to

be a process in place to determine which people need more help and we have to have a way to get it for them either voluntarily or involuntarily so there is something in place to deal with the problems that exist so these people do not transition right back into the jail. He feels there are a lot of people in the community who want some sort of treatment program for these people. He has received a lot of positive feedback for something like this in the community and we need to get something in place. He is getting impatient because the problems never seem to be solved. If there are additional positions needed in the table of organization, he would like to see those included in the next budget. He would also like to get some transitional housing built and also expand the mental health services in the jail. He does not want to study this forever and never do anything about it and let it fade away. He feels strongly about this and said that this is an obvious plan that we should be developing.

Brisbane reported that the jail is currently at 93% capacity and busting at the seams and they are also shipping 40 people out. He said that being able to triage the mental health people would help tremendously

**5. Discussion re: Recertifying County operations to return to previous services providing long-term care.**

Zima said he wants the County to have its own facility and not be dependent on other facilities and filling beds at facilities trying to make a buck. He is trying to save money and have a program that functions in providing something good for the people of Brown County. He would like to see a one-stop place right at the hospital, not at some private facility who wants to grab our money. We have to get something that is permanently good for the community like we used to have. This is an area that he feels the private sector does not have much to offer except high prices. Pritzl said the County pays at the same competitive rate to the facilities we contract with and Agar said it is the Medicaid rate for room and board. Zima would rather see those revenues come right to a County facility with the goal of getting a job done. Weber questioned if the County would be able to staff a hospital and noted that we just talked about the shortage of staffing and, further, she recalled that at an earlier meeting there were discussions regarding the County having difficulties hiring staff. Weber said that there are 80 beds in Bellin that we cannot put people in because they do not have a doctor or nurse to see the people. Pritzl agreed this is something that we would have to look at long-term and whether the County could sustain it and deal with the funding limits we have.

Zima said the mission when this Committee was created two years ago was to create a long-term facility and take care of the long-term needs of people. Weininger noted there is a shortage of staff and it will only get worse. Zima said it seems we are throwing money away sending people a long way away from their families and he would like to see the money funneled back to the County by having our own facility.

Green Bay Police Officer Barb Gerarden said law enforcement would like to see a one-stop shop receiving center where there is medical personnel to do some of the minor medical clearance to help reduce police officer time. She feels this would help mainstream the process for both the patient and law enforcement. Zima asked Agar if he would work with the administration as well as Schubert and Pritzl to put together a rough budget for both building and staffing a model like we are talking about so it can be presented to the County Board sooner rather than later. Gerarden talked about a model that is used in Florida as well as in Milwaukee and Weber asked if it would include putting Crisis at the facility. Agar said you cannot necessarily put Crisis within a medical facility because there are federal and legal issues. Gerarden feels what would be ideal would be to have crisis assessment, psychiatric and medical capabilities. Schubert said there is a medical director of medical health and a medical director of psychiatry for the building. The medical director of psychiatry spends most time in the hospital and a little at the CBRF and as needed in the nursing home while the medical director's case load is the nursing home patients, but he does staff as needed at the hospital and CBRF. Gerarden said sometimes people are taken to the Crisis Center and then the hospital and sometimes they go to the hospital and Crisis can mobile out, but overall they are still making too many physical stops with the person. Three stops is the average, but four stops is not uncommon.

Zima reiterated he would like staff to put together an idea to see if we can find a way to fund it by pulling money from other directions and if this can also realistically take some people out of the jail and reduce the needs for space, it would be easier to justify through the County Board. Agar said one of the things that was discussed was a 20 some bed facility for the long-term needs of people currently at Trempealeau and he also heard the one-stop shop model that keeps coming up and asked Zima specifically which one of these models he would like addressed. Zima responded that he would like to see both of these addressed. Lindner added that they are looking at the Crisis Center contract and trying to determine if some of the functions could be performed in-house to make it more convenient. Gerarden added that some of the people with long histories are better known to the social workers than the Crisis counselors and she feels this would be a good idea. Zima asked if nurse practitioners that can

prescribe medications are difficult to find and Agar responded they are very difficult to find and noted that he has been looking to hire one for the past three years. Zima feels the qualifications for being able to prescribe psychotic drugs is way too high and he would like to get some attention to this at the state or federal level. He feels that communities should not be going broke trying to find someone qualified to give medications to help straighten people out. He would like to see some type of training program specific to teaching people how to treat people with psychosis that does not take 15 – 18 years. Lindner recalled that a while ago there was a push to allow psychologists to be able to prescribe, but that was not approved.

**6. Update re: Outreach efforts.**

*There was no specific discussion in this topic.*

**7. Regional Utilization of Trempealeau County Health Care Center.**

Pritzl provided a handout regarding utilization of Trempealeau facilities, a copy of which is attached. Trempealeau Health Care Center is a long-term placement facility for people with mental health issues. Brown County does not have a long-term mental health facility at the same level as Trempealeau County. Government has to be very careful because the failure margin is not like other places; if services fail, public resources fail and that is significant. The handout shows what is being spent as a region on long-term placements. The long-term notion is something that has to be looked at in some way because over \$1.5 million dollars is being spent each year on Trempealeau placements. With that in mind, when the Executive Committee asks about long-term projects and ideas, one of the things on the list is an addition at the CTC to handle these types of cases. This can be discussed further at an upcoming meeting because it is currently in the information gathering phase. Zima feels these issues need to come before the Human Services Committee so they can get on the priority list as soon as possible. He feels time is being wasted and he would like to see some proposals.

Director of Administration Chad Weininger asked if this is something that Pritzl is thinking of for the 2018 budget. Pritzl would like to see funds in the budget but noted that it would probably require bonding and building. Zima feels we could have something open by 2019 if we get in gear. He wants staff to get a timeline of when this can be done as money is being spent sending people to Trempealeau County and Winnebago County when it could be spent here taking care of our people. There could even be a chance to make a little money to help defray the costs. Zima wants to see proposals as soon as possible to get something going. He feels transitional housing should be done in conjunction with jail expansion and be located near it. Pritzl said the CTC addition has a rough estimate of \$250,000 based on construction square footage costs that are industry estimates but this does not include staffing or licensing or things of that nature.

Zima asked how many bed we are talking about for a longer term facility and Pritzl responded that it was in the area of 15 – 20 beds. Zima said the locked unit is already pretty full and Pritzl cautioned against building acute psychiatric beds in Brown County because there are enough physical beds in existence in Brown County. The problem is providers and staff. Pritzl said there are 80 beds at Bellin and 72 at Willow Creek. If the County were to build acute beds, the possibility of staffing them is pretty limited because everyone is competing for the same pool of resources of nurses and psychiatrists. Zima pointed out that Bellin and Willow Creek are looking for paying customers while the County is interested in taking care of our mentally ill and trying to reduce jail population and giving those people a better place to live.

Hospital Administrator Luke Schubert said the next step would be to get a breakdown of how many people are in each certified location of the facility to better understand the licensing and programming. Dunlap recalled when he was with the Human Services Department there was a County farm, an 83 bed hospital and about 140 beds in a long-term care facility. There was also a lot of room and board type facilities that the County had contracts with. He said there is a revolving door system in the jail and many of those same people have a revolving door into the mental health system. Over the last 20 years the County has gone from a 200 bed jail to a 700 bed jail and a much smaller mental health facility which has not really saved any money. The standards were to have less of an institutional focus and more integration into the community with places for people to go during the day to work in sheltered employment. There were places for people who did not have very good coping skills to go to stay out of trouble and have their ability to create trouble managed by case managers and other people who could intervene. Dunlap continued that when he hears that 80 percent of people in the jail have mental health needs, it seems that there has been a massive system failure in mapping this whole thing out and there have been tradeoffs and he feels getting a good handle on what the tradeoffs were and whether the County is making the best use of the resources

we have is what we need to look at. He noted the economy has changed and things are less affordable and corrections and mental health housing are the most expensive options and the natural environment has become much harder to survive in.

Zima pointed out that the County is still spending over a million dollars outside the County and he feels that we can bring that right back into the County and serve more people. Dunlap said the big picture needs to be looked at, including the staffing and operational costs. He noted that most other countries in the world have about half the incarcerated individuals as the United States does. Zima said the Sheriff is going to get money for jail expansion which is going to suck up all the oxygen in the community to expand any programs. Zima needs this committee to do whatever it takes to be sure that we get a shot at some of the money to get something in place. The planning for all of this needs to happen now and this group needs to get the project forward and start developing the reasons and justifications for it before we get left behind. He feels that once the jail is built there will be no room to expand the budget. He needs some support on this.

Zima continued that having a facility here would be something that would help keep our community strong and stable. He feels building a budget to staff a facility and some building plans need to be put forward. Zima said Weininger is on this committee so he can tell the County Executive what we need and why. He feels the vast majority of the community is in support of this and we need to get something before the County Board as soon as possible. We are not making the progress that he would like to make on these initiatives.

Pritzl was happy to report that there is now emergency department access for Crisis across all of the facilities. The things that still need to be worked out are when the key time to call Crisis is and who will make the call and making sure that all hospital staff know that Crisis can come in.

**8. Update re: Safe, Supportive Housing.**

*This item was discussed in several areas throughout the meeting.*

**9. Discussion re: Juvenile justice/school system representation on this committee.**

*There was no specific discussion in this topic.*

**10. Such other matters as authorized by law.**

The next meeting date was discussed and May 17 at 12:00 pm was selected.

**11. Adjourn.**

Motion made by Ian Agar, seconded by Rebecca Lindner to adjourn at 1:26 pm. Vote taken. **MOTION CARRIED UNANIMOUSLY**

Respectfully submitted,

Alicia Loehlein  
Recording Secretary

Therese Giannunzio  
Transcriptionist

# Mental Health Landscape in Brown County

Mental Health Initiatives, Committees, Coalitions	System & Organizational Improvement	General Mental Health Education & Advocacy	Alcohol and Other Drug Abuse	Suicide Prevention	Law Enforcement Engagement	Workplace	Children/Youth	Family	Inmates and Ex-Offenders	Middle Aged Men	Maternal
<b>Primary Efforts</b>											
Ad Hoc Mental Health Committee											
Alcohol Misuse Task Force			◇			◇					
Brown County Mental Health Task Force	◇	◇		◇			◇				◇
Brown County Suicide Prevention Coalition		◇		◇			◇			◇	
Connections for Mental Wellness	◇	◇				◇	◇				
JOSHUA Mental Health Committee		◇			◇		◇		◇		
<b>Supportive Efforts</b>											
Achieve Brown County	◇						◇				
Child Abuse & Neglect Initiative	◇				◇	◇	◇	◇			◇
Community Partnership for Children	◇						◇	◇	◇		◇
Poverty Outcome Improvement Network Team	◇										
<b>Processes</b>											
AODA Provider Meeting			◇								
Basic Needs Committee			◇						◇		
Coordinated Community Response Team for Domestic Violence and Sexual Assault	◇				◇		◇	◇			
Drug Court			◇		◇				◇		
EM-1 Committee	◇										
Heroin Court			◇		◇				◇		
Mental Health Court					◇				◇		
Veterans Court			◇								
<b>Hubs</b>											
2-1-1	◇										
Aging & Disability Resource Center	◇										
Brown County Health & Human Services	◇										
Crisis Center	◇			◇							
Brown County Human Services/ Crisis Center Mobile Crisis Team	◇			◇							

## School-Based Mental Health Initiative

The School-based Mental Health Initiative connects school districts and mental health care providers to create a common system and set of protocols. The initiative is designed to help children and adolescents, especially those who have disproportionate access to care, receive the mental health care they need in their school. Secondly, it will provide additional information and resources for schools to support the mental health needs of their students. The ultimate goal is integration of mental health awareness and wellness into the school setting, and reduction of barriers students have to receiving the mental health care they need. Children are our future; early intervention with quality mental health care is key to helping students succeed!

### Currently Connected within the Initiative:

- American Foundation of Counseling Services (AFCS)
- Bellin Health
- Catholic Charities of the Diocese of Green Bay
- Family Services of Northeast Wisconsin
- Green Bay Area Public School District
- Howard-Suamico School District
- Prevea
- Wrightstown Community School District

Other Brown County school districts, although not directly participating in the development of the initiative, support the group's goals. Districts have determined that a subgroup can make progress and create a viable system without all school districts needing to be at the table. All districts will benefit from the work, and district personnel are updated regularly.

*"AFCS is excited to be part of a group of child advocates who are committed to enhancing the mental health of all children in Brown County. Providing services to children and families in settings that allow for the best likelihood of a successful outcome is an imperative step toward healthy children and families."*

**Julie Feld,**  
Director of Outpatient Services,  
AFCS

Mental health needs often go undetected or untreated in youth for a myriad of reasons including unawareness of symptoms, stigma of mental illness, difficulty in accessing services, and lack of knowledge about resources. Attending to mental health needs can be daunting for families even in the best of situations. Reducing barriers to the necessary mental health care for students is critical and can be achieved by integrating mental health services into their daily school setting. Families may be more willing to seek treatment and kids likely to show up for appointments if the site is familiar and integrated into the schools. On-site mental health care at schools is a recognized best practice that has been implemented across the state and nation, but has not been readily available in Brown County.

**Connections for Mental Wellness** is a community-wide initiative bringing together and facilitating diverse groups of stakeholders to help address community issues related to mental health and mental health care that cannot be solved by one organization alone. The mission of **Connections** is to transform the mental health of our community through collaboration, education, and enhanced systems of care. The School-based Mental Health Initiative is a working group of **Connections**.

**Connections**  
for Mental Wellness  
(920) 606-9192 • [connectionsmdw.org](http://connectionsmdw.org)



## Why do we need a School-based Mental Health Initiative?

### Children and Youth Are Suffering:

- One in five children ages 13-18 have, or will have, a serious mental health disorder. (NIMH)
- 50% of all lifetime cases of mental illness begin by age 14, and 75% begin by age 24. (Kessler et al., 2007)
- Wisconsin youth have the second highest prevalence of severe major depressive episodes in the country. The average delay between onset of symptoms and intervention is 8-10 years. (Mental Health America, 2016)
- Suicide is the 2nd leading cause of death for youth in Wisconsin. (CDC/DPI)
- In 2013, more than half of Wisconsin adolescents surveyed said their mental health was not good at some point in the past month; one in 10 said they had considered suicide in the last year; more than 900 Wisconsin youth ages 10-17 went to the emergency room after hurting themselves. (DPI, 2007)
- Between 60% and 90% of children with mental health disorders do not receive treatment, translating to 104,000 - 157,000 school-aged children in Wisconsin annually not receiving the treatment they need. (DPI, 2013)
- Of those children that do receive treatment about three-quarters of them are receiving services in schools only. (Burns et al., 1995)
- "Given schools' unique ability to access large numbers of children, they are most commonly identified as the best place to provide supports to promote the universal mental health of children." (CASEL, 2008)



### Shortages of Mental Health Providers in Schools

Pupil Services	<sup>1</sup> Wisconsin Pupil Services Ratios	National Organization Recommendations
School Counselors	466 : 1	250 : 1
School Psychologists	956 : 1	500 - 700 : 1
School Social Workers	1,050 : 1	250 : 1
School Nurses	1,596 : 1	750 : 1*

<sup>1</sup>Data from the Department of Public Instruction, 2012.

\*750 to 1 for students in the general population, 225 to 1 in the student populations requiring daily professional school nursing services or interventions, 125 to 1 in student populations with complex health care needs, and 1 to 1 may be necessary for individual students who require daily and continuous professional nursing services. (Data from the National Association of School Nurses, 2010.)

### Interested in more information?

Contact Martha Ahrendt, Ph.D.  
Connections for Mental Wellness  
at (920) 606-9192 or email at  
director@connectionsmdw.org.

## BROWN COUNTY HEALTH & HUMAN SERVICES

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P.O. Box 22188  
Green Bay, WI 54305-3600



Phone (920) 448-6000 Fax (920) 448-6126

Erik Pritzl Executive Director

To: ad-hoc Mental Health Committee

From: Erik Pritzl, Executive Director

Date: April 18, 2017

Re: Trempealeau County Health Care Center Utilization

Recently the committee has been discussing the utilization of the Trempealeau County Health Care Center located in Trempealeau, WI. The Trempealeau County Health Care Center is one of three licensed Institutes for Mental Disease (IMD's) in the State of Wisconsin. The IMD Nursing Facility consists of 112 beds in the following categories:

- 77 Secure Beds
- 23 Unsecure Beds
- 12 Gero-Psych Stabilization Unit Beds

In response to the questions about Brown County and regional utilization, information was requested from counties in the Northeast Wisconsin region, and the chart below represents the collected responses covering a five year period from 2012-2016:

